



# Health Care Reform Update

**Refugee Advisory Council**

**March 8, 2013**

**Mary Wood, Section Manager, HCA Eligibility Policy and Service Delivery**

# Topics for Today

- Health Care Reform Resources
- Health Care Reform Overview
- Health Benefit Exchange Web Portal
- Consumer Assistance
- Post-Eligibility Case Reviews
- Benefit Package for Adults

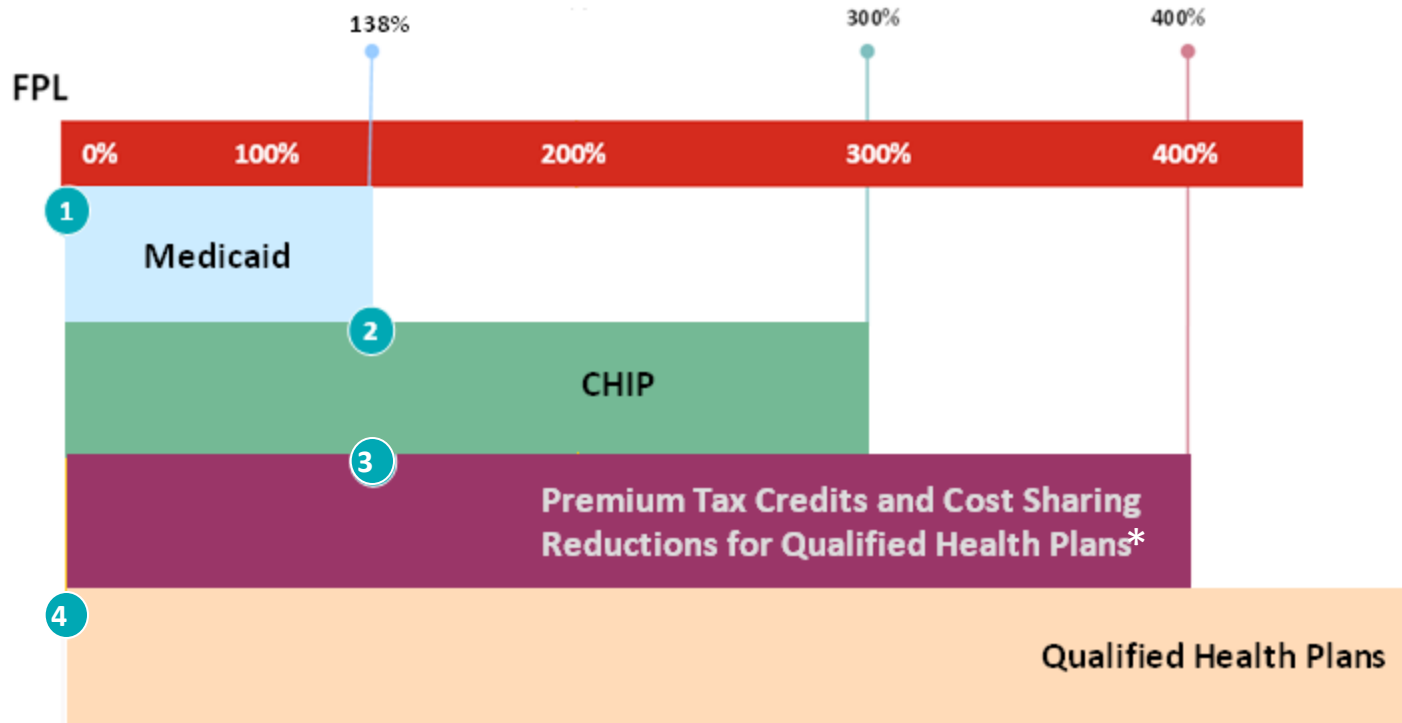
# Health Care Reform Resources

# More Information

- Web-sites: <http://www.hca.wa.gov/>
  - For information about the Medicaid expansion:  
<http://www.hca.wa.gov/hcr/me>
  - For information about the Health Benefit Exchange:  
<http://wahbexchange.org/>
  - To contact the HCA concerning the Medicaid expansion:  
[medicaidexpansion2014@hca.wa.gov](mailto:medicaidexpansion2014@hca.wa.gov)
- Webinars and presentations around the state
  - See upcoming schedule and past events at:  
<http://www.hca.wa.gov/hcr/me/stakeholdering.html>
- Listserv notification
  - Subscribe at:  
<http://listserv.wa.gov/cgi-bin/wa?SUBED1=HCA-STAKEHOLDERS&A=1>

# Health Care Reform Overview

# 2014 ACA Continuum of “Insurance Affordability Programs”



\* Federal Basic Health Plan Option for individuals with incomes between 138% and 200% of the FPL will not be available in 2014.

# Health Care Reform Goals

- Optimize opportunities to streamline administrative processes
- Leverage new federal financing opportunities to ensure the Medicaid expansion is sustainable
- Maximize use of technology to create consumer-friendly application/enrollment/renewal experience
- Maximize continuity of coverage & care as individuals move between subsidized coverage options
- Reform the Washington Way --- comply with, or seek waiver from, specific ACA requirements related to coverage and eligibility, as needs are identified

# 2014 Medicaid Coverage

- Option to expand Medicaid to 138% of the FPL for adults under age 65 not receiving Medicare\* - based on Modified Adjusted Gross Income (MAGI)
  - **MAGI methodology** defines how income is counted, and how household composition and family size are determined
  - **MAGI** will determine eligibility for children, pregnant women, parents and all adults in the new adult category
  - **Non-MAGI** (classic) Medicaid eligibility standards will still apply to aged, blind, disabled, SSI, & foster children – ACA doesn't impact these groups
- Washington's new adult group will include:
  - **Childless adults** with incomes below 138% of the FPL
  - **Parents** with incomes between ~40% and 138% of the FPL

\* The ACA's "133% of the FPL" is effectively 138% of the FPL because of a 5% across-the-board income disregard



# Federal Poverty Levels and Annual Income (2012)

Federal Poverty Level	Annual Income: Individual	Annual Income Level: Family of 3
100%	\$11,170	\$19,090
133%	\$14,856	\$25,390
138%	\$15,415	\$26,344
200%	\$22,340	\$38,180
300%	\$33,510	\$57,270
400%	\$44,680	\$76,360

# Enhanced Federal Funding for New Adult Group

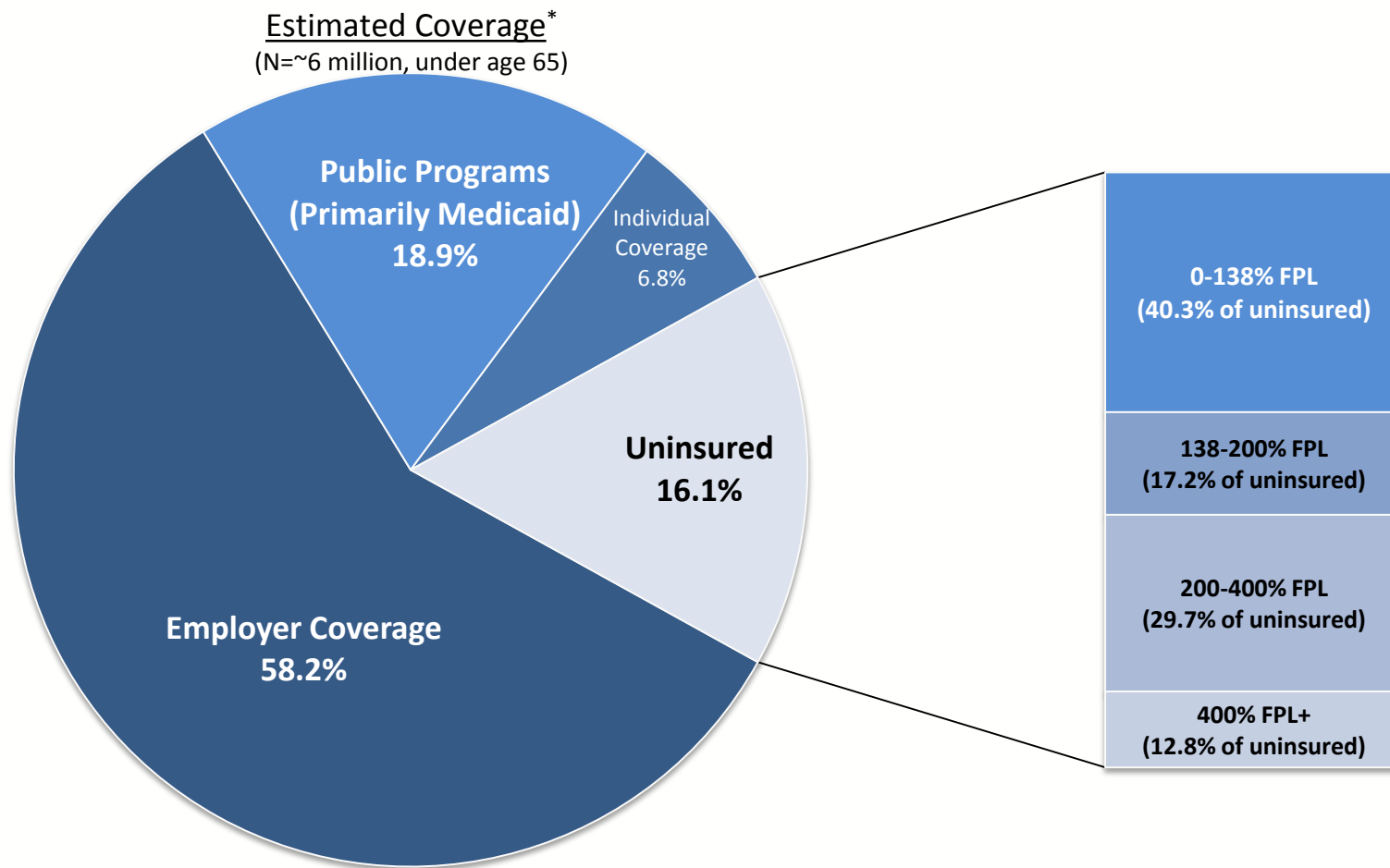
- Newly eligible parents and childless adults are:
  - under 65 years old
  - not pregnant
  - not entitled to Medicare
  - not in an existing Medicaid category (e.g. children, pregnant women, aged, blind and disabled)
  
- Enhanced federal funding for costs of newly eligible adults:

	2014	2015	2016	2017	2018	2019	2020 +
State Share	0%	0%	0%	5%	6%	7%	10%
Federal Share	100%	100%	100%	95%	94%	93%	90%

# Refugee Medical vs. New Adult Group

Refugee Medical	New Adult Group
Immigration status	Immigration status
\$1000 in countable resources	No asset/resource limits
Income below 200% FPL	Income below 138% FPL
<ul style="list-style-type: none"><li>• Payment standard for Refugee Cash is \$305/month for an individual</li></ul>	

# Pre-Implementation of the ACA: Primary Source of Insurance in Washington State, 2011

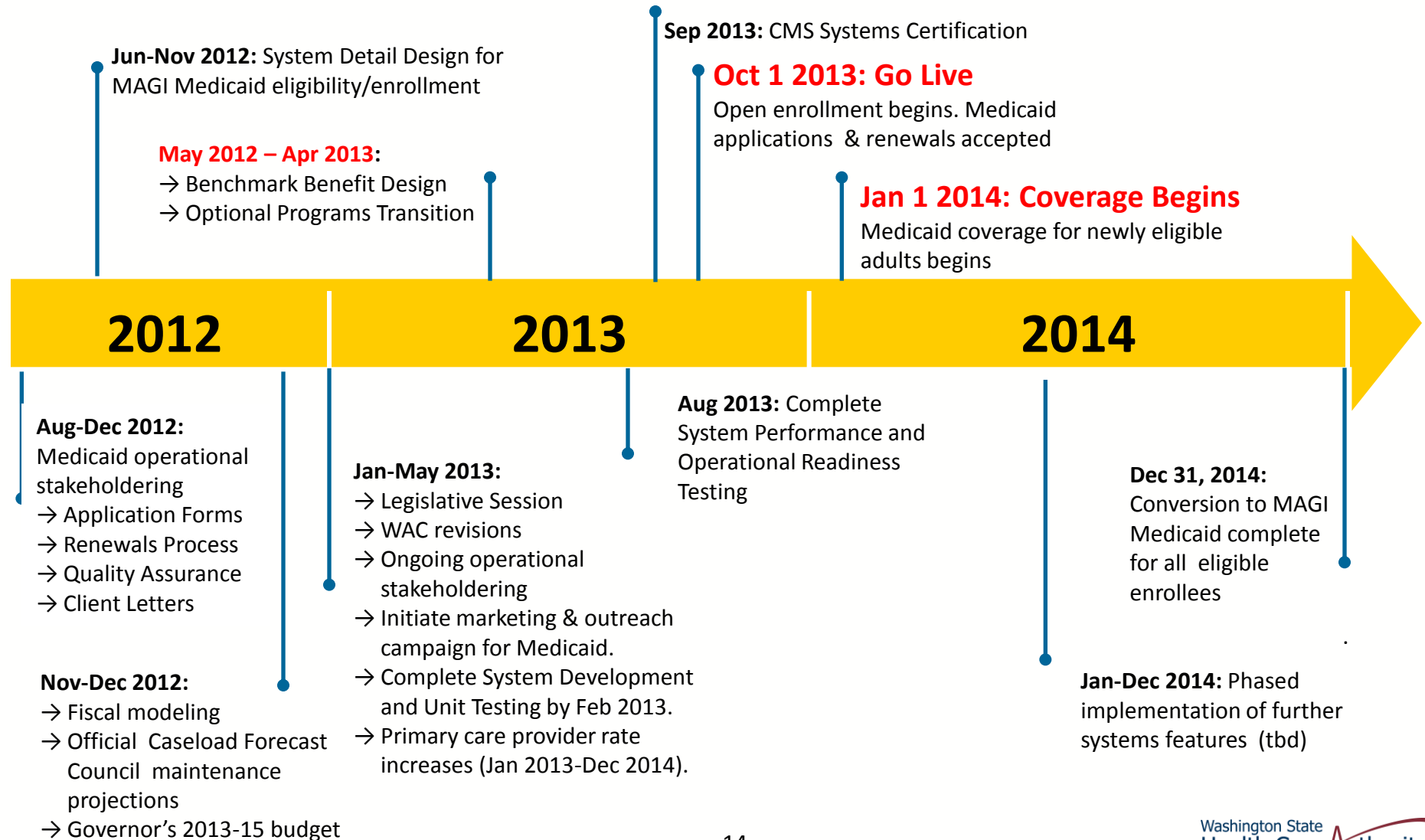


\* Source: OFM Estimates from 2011 Single-Year American Community Survey PUMS - includes individuals under age 65

# Uninsured Groups Remain

- Undocumented immigrants
- Individuals exempt from the mandate who choose to not be insured (e.g., because coverage not affordable)
- Individuals subject to the mandate who do not enroll (and are therefore subject to the penalty)
- Individuals who are eligible for Medicaid but do not enroll

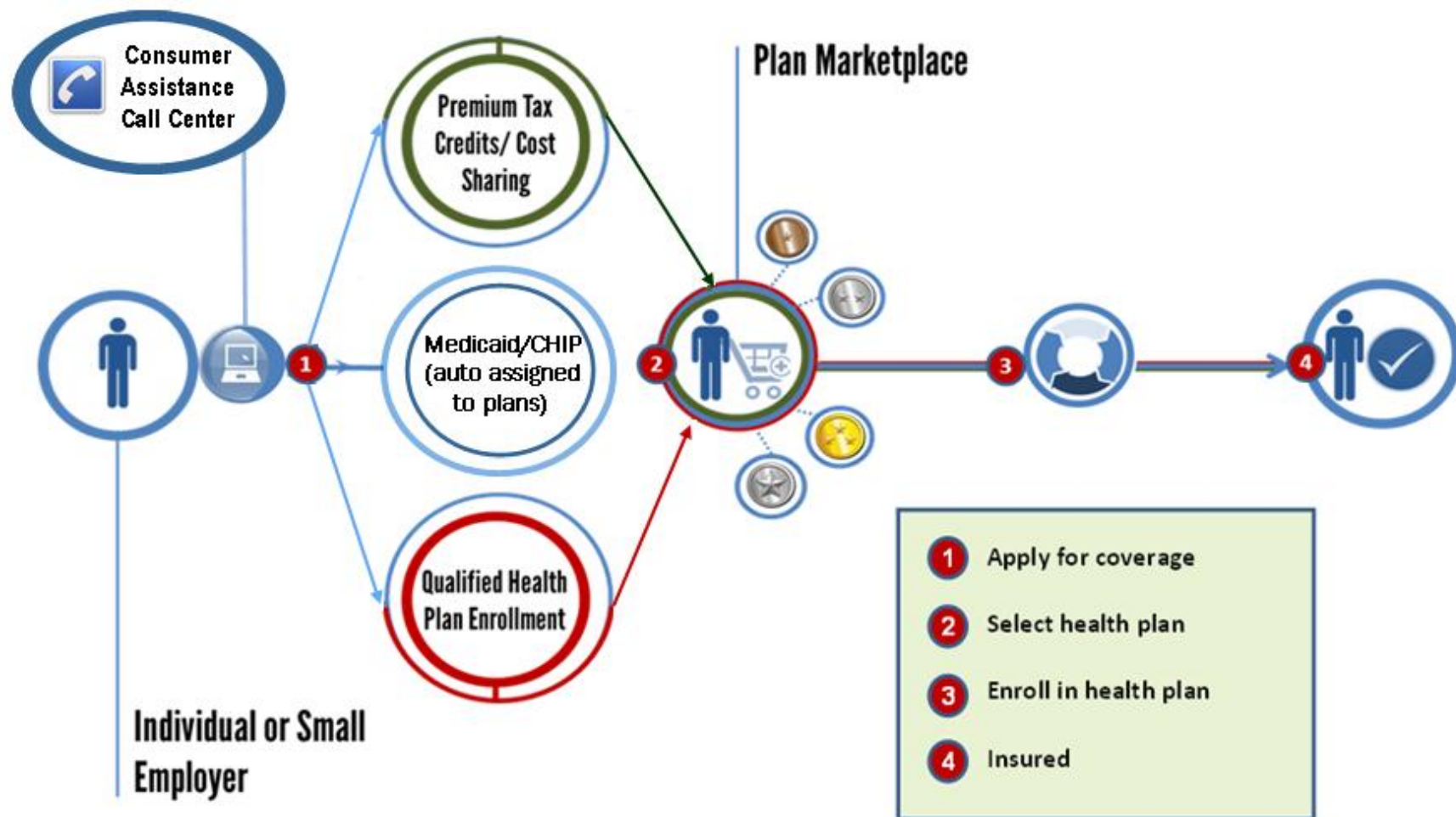
# Timeline: Much Work to be Done!



# Health Benefit Exchange Web Portal

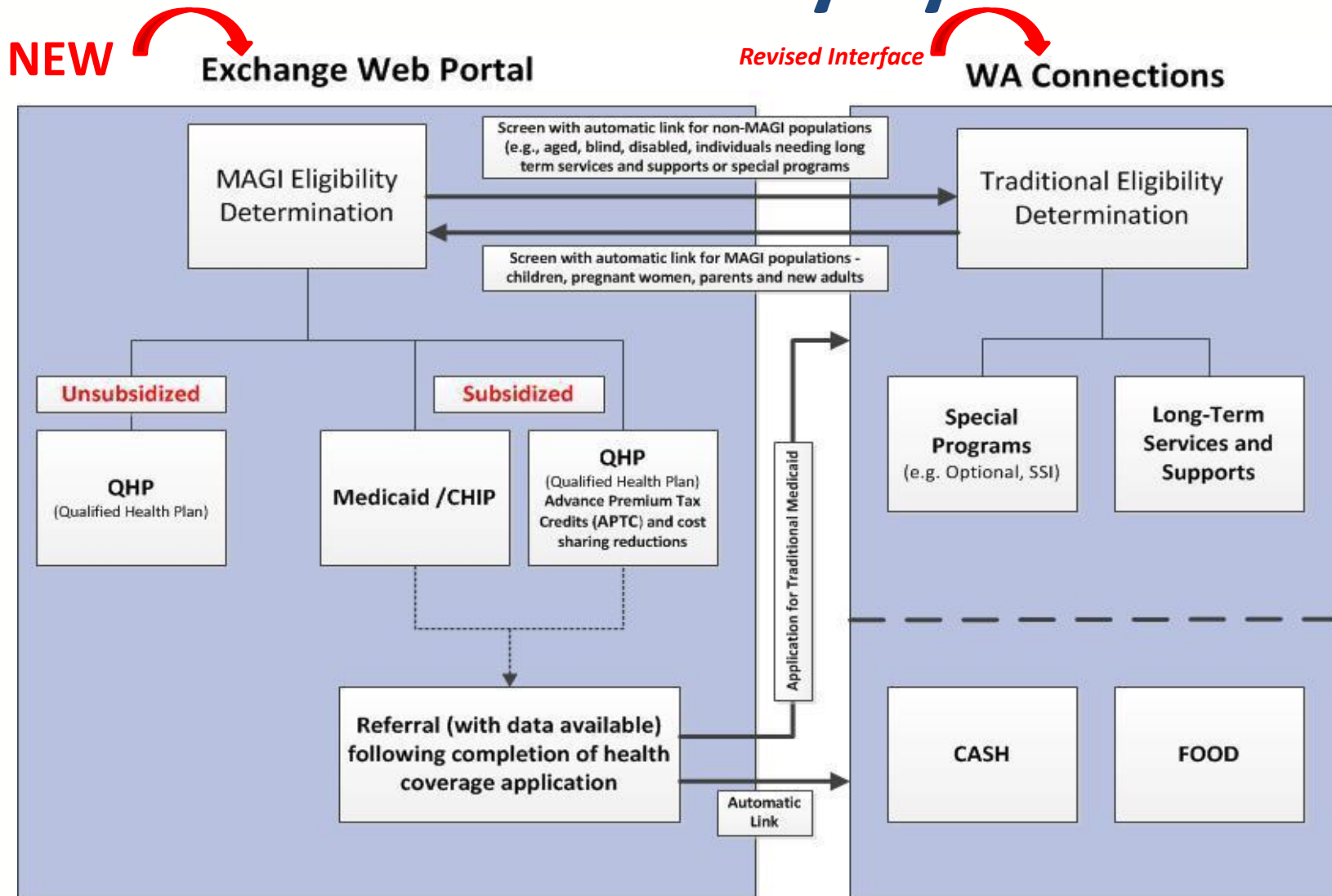
# The Exchange: One-Stop Shopping for Coverage

Think: Amazon.com or Expedia... a simple way to shop for health insurance






# Coordinated Entry Systems



# Washington Healthplanfinder



SEE HOW THE MENDEZ FAMILY SIGNED UP FOR HEALTH INSURANCE...

## Find the Right Health Insurance for You

Welcome Washington residents! The Washington Health Benefits Exchange offers quality, affordable coverage options to Washington families. Shop, compare, and enroll right here. It's your health, be there!

[Find a New Health Care Plan](#)

[Renew An Existing Plan](#)

### Employer-sponsored Coverage

If your Employer has offered you coverage through this exchange, click here to learn about coverage options for you and your family.

[Enroll Through Your Employer >](#)

Enroll Through Your Employer For small business owners seeking to offer quality, affordable coverage to their Washington employees click

### Click. Compare. Covered.

The Exchange is Here! ariO is uninsured. He needed to go to the doctor. A friend referred him to the Washington Exchange. He found coverage that was right for him. Now he is insured and healthy.

[Click Here to Learn Eries Story >](#)

INSURANCE PLANS AVAILABLE IN WASHINGTON

### Sign In

User Name

Password

☐ Remember Me

[Sign In](#)

[Forgot your username?](#)

[Forgot your password?](#)

[Create an account](#)

# Consumer Assistance

# Consumer Assistance

To reach uninsured Washington residents, the state will rely on:



**Navigators, Agents and Brokers:** will provide help to consumers and small businesses with enrolling into coverage on the Exchange; provide advice to consumers about their enrollment options and premium tax credits; and make referrals of complex cases to Consumer Assistance Programs



**Community-Based Organizations:** Continued partnership with existing community-based network



**Call Center:** Toll-Free Hotline operated by the Exchange to provide insurance application assistance

# Community-Based Organizations

CBOs can assist with outreach to Washington State residents such as:

- **New applications:**
  - Assist individuals in applying for health care coverage through the new health benefit exchange web portal. **Target Newly Eligible Adults** age 19-64 with income up to 138% FPL.
- **Transitions from other coverage:**
  - Support current Basic Health members as they use the new Washingtonhealthplanfinder portal (Oct-Dec 2013) to transition to coverage for January 2014
  - Follow up with Medical Care Services and ADATSA clients regarding their automatic conversion to coverage beginning January 2014
- **Renewals of Medicaid coverage:**
  - Encourage/assist current Medicaid recipients (children, parents, pregnant women) who must renew coverage using the Washingtonhealthplanfinder portal during 2014 (and beyond)

# Navigator Program Timeline

## January-March

- Board Approval
- Issue RFP

## April-June

- Select Navigator Organizations
- Contracting

## July-September

- Train-Certify Navigators
- Coordinate/train partner

## October-December

- Open Enrollment
- Performance Monitoring



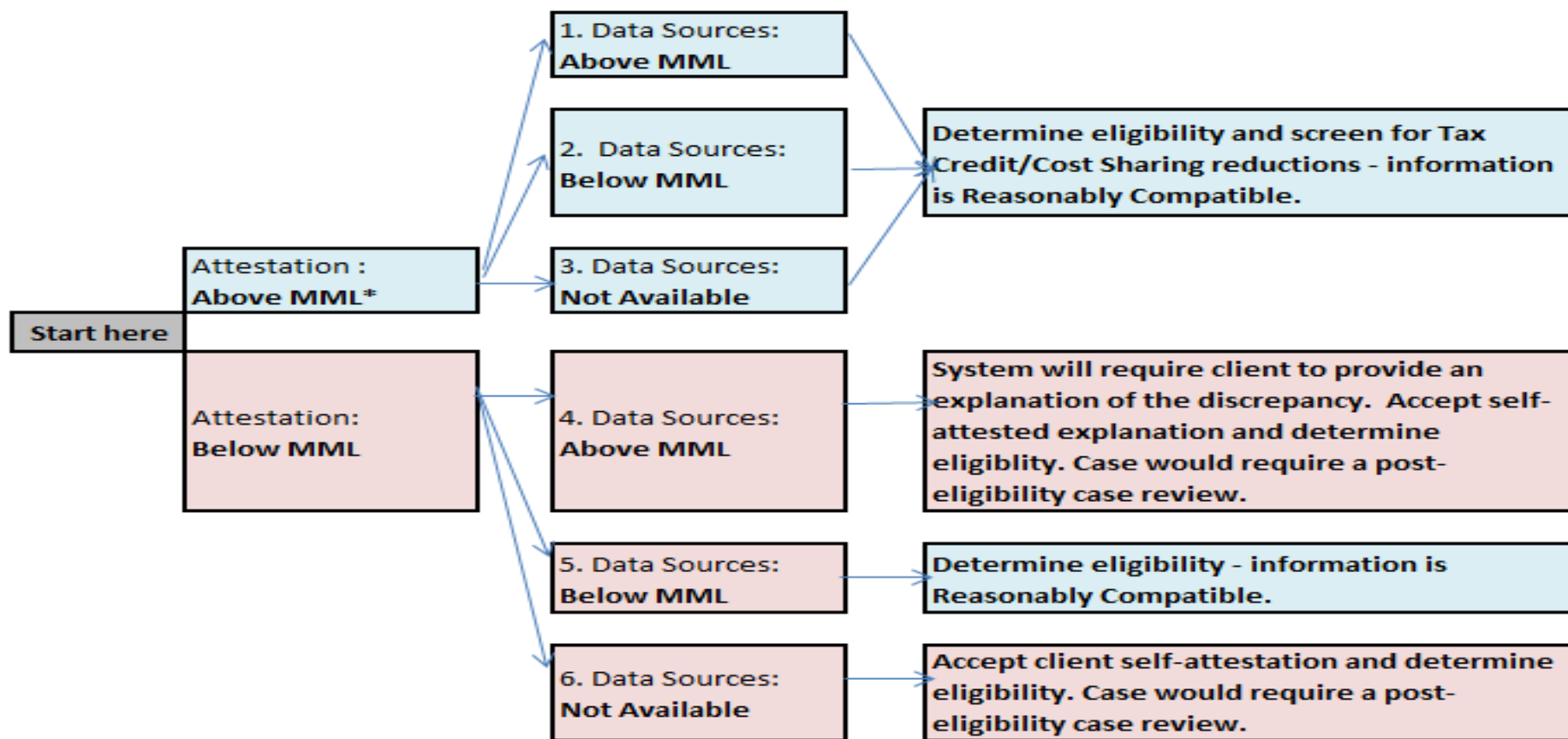
# Post-Eligibility Case Reviews

# Post-Eligibility Case Reviews

- Post reviews will target cases where:
  - Self-attested income cannot be electronically verified
  - Electronic data matches not reasonably compatible



# Draft – WA Apple Health Reasonable Compatibility Model



\* MML = Maximum Medicaid Level

# Post-Eligibility Activities

When eligibility cannot be electronically affirmed – HCA eligibility staff will take the follow steps to resolve the inconsistencies:

- Review additional electronic interfaces (e.g. TALX, ESD)
- Contact client or employer to obtain additional information
- If necessary – send a request for information letter

***Client remains eligible during post-eligibility review***

# Post-Eligibility Activities

Once the post-eligibility review is completed staff will take the following action:

- Eligibility confirmed – no change
- Eligibility not confirmed – client is:
  - Moved to appropriate MAGI program; or
  - Redetermined for Classic Medicaid; or
  - Referred to Exchange web portal for APTC determination

# Benefit Package for Adults

# Benefits for New Medicaid Adult Group

- Called Alternative Benefit Plan (aka Medicaid Benchmark)
- Benefits for new adults must:
  - Cover all 10 essential health benefits (EHBs) as defined for Medicaid (may be different from Health Benefits Exchange)
  - Meet mental health parity (currently applies to private health plans and Medicaid managed care but not fee-for-service)
  - Cover non-emergency medical transportation
  - Cover Early Periodic Screening, Diagnosis and Treatment (EPSDT)
  - Address CMS January proposed regulations and guidance
- Benefits for new adults may:
  - Align with existing Medicaid benefit package
  - Differ for different eligibility groups

## Essential Health Benefits

1. Ambulatory services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care

# Problem - Multiple ABPs for Adults



## Consumers

Potential for fewer benefits to be covered by current Medicaid standard creates equity issue and confusion over care covered when circumstances change Medicaid enrollee's income

## Providers

Service delivery and payment confusing if coverage for Medicaid adults differs between Medicaid standard and the ABP



## Health Plans

Tracking and communicating benefit changes to enrollees (and their providers) increased and complex; provider payments confused when adult status *within* Medicaid changes; rate development more difficult



## State/Federal Governments

Systems interfaces and administration complicated when adult status *within* Medicaid changes (e.g., increased tracking and monitoring; challenging communication to beneficiaries, providers and health plans; complex payments and reconciliation)



# ***Draft Cost-Sharing Principles for WA***

Medicaid expansion offers new opportunities to reconsider enforceable, limited, cost sharing for the new adult group to:

- Promote use of evidence-based cost-effective treatment while reducing low-value and medically unnecessary care
- Avoid discouraging or creating barriers to essential and appropriate care
- Avoid cost-sharing cliff between Exchange and Medicaid coverage
- Maintain consistency with historical policy direction for low-income adults to contribute to their health care
- Facilitate provider collection of required co-payments
- Maximize use of consumer-friendly, administratively simple processes.

# Cost-Sharing “Strawman” for Discussion

- Limited, enforceable cost sharing for newly eligible adults between 100-138% of the FPL as a bridge to Qualified Health Plan coverage in the Exchange
- Preliminary 2014 implementation design
  - No premiums
  - No cost-sharing in Medicaid fee for service
  - Cost sharing through managed care plans only
  - Out-of-pocket costs tracked by managed care plans
- Align point of service cost sharing for Medicaid adults with Exchange adults at same income level
- “Strawman” proposals available for review at:  
[http://www.hca.wa.gov/me/documents/alternative\\_benefit\\_plan\\_strawman020713.pdf](http://www.hca.wa.gov/me/documents/alternative_benefit_plan_strawman020713.pdf)  
[http://www.hca.wa.gov/me/documents/cost\\_sharing\\_strawman020713.pdf](http://www.hca.wa.gov/me/documents/cost_sharing_strawman020713.pdf)



# Questions?